

APPLICATION FOR AN "OPERATOR'S LICENSE"
to Serve Fermented Malt Beverages and Intoxicating Liquors

COPY

Washington Island, WI

8/21, 2015
Month Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Washington, County of Door,
Wisconsin for a License to serve, from date hereof to 6/30, 2017, inclusive (unless sooner revoked), Fermented Malt
Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and
all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, regulations, ordinances and regulations,
Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am 62 years of age. Date of Birth 6.3.53 E. B. Wallman
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Elizabeth B. Wallman Is application new or a renewal? New

Address of Applicant 8803 Currier Rd, Middleton
1402 Foss Rd, Washington, WI

If renewal (within the past 2 years held a Class "A", "Class A", Class "B", or "Class B" license or permit or a manager's or operator's license), where was the privilege obtained? (City) 54246
(Town)
(Village)

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? yes

If so, where? online

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? NO

Date of such conviction _____ Name of Court _____

Nature of offense _____

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors?

_____ Date of violation _____ Nature of violation _____

STATE OF WISCONSIN

Door County

ss.

Elizabeth B. Wallman being first duly sworn on oath says that (s)he is the person who
made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X E. B. Wallman

Applicant sign here

Subscribed and sworn to before me this 21
day of August, 2015

Tamre L. Jorgenson
Notary Public
State of Wisconsin

Licensing

Tamre L. Jorgenson
Notary Public, Door County,

847-2437

COPY

APPLICATION FOR AN "OPERATOR'S LICENSE"

to Serve Fermented Malt Beverages and Intoxicating Liquors

Washington Island, WI

Month

Year

630-390-9534

AUG 2015

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Washington, County of Door,
Wisconsin for a License to serve, from date hereof to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt
Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and
all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, regulations, ordinances and regulations,
Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am 22 years of age. Date of Birth 07, 28, 93 X Wesley Davidson

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Vesta WK Davidson Is application new or a renewal? NEW

(First)

(MI)

(Last)

Address of Applicant 1928 W. Harbor Rd.

If renewal (within the past 2 years held a Class "A", "Class A", Class "B", or "Class B" license or permit or a manager's or operator's
license), where was the privilege obtained? (City) _____
(Town) _____
(Village) _____

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? yes

If so, where? online

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? NO

Date of such conviction _____ Name of Court _____

Nature of offense _____

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors?

NO

Date of violation _____

Nature of violation _____

STATE OF WISCONSIN

SS.

Door

County

Vesta Davidson

being first duly sworn on oath says that (s)he is the person who
made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Wesley Davidson

Applicant sign here

Subscribed and sworn to before me this 26

day of August, 2015

Tamre L. Jorgenson
Notary Public
State of Wisconsin

Licensing

Tamre L. Jorgenson

Notary Public,

Door

County,

TOWN OF WASHINGTON

Driveway/Road Permit

for access to town highway

Permit Number: _____

Issued to: Karen Taylor Parcel Number: 0280318333024R
Address: 1735 Michigan Rd. Date Property Last Surveyed: 2 (B. F. 15 Kue 12 Supposed TO SCOR)
Road(s) driveway will adjoin: Airport Rd
No. of driveways: 1 Installation Contractor: David Small
Type of road surface: Gravel Land use (private/business): Private
Length of driveway: 30' Distance from lot line: center of lot.
Located on what side of road? west Completion Date: Dec 2015

Attach drawing of proposed work (include special restrictions, clearances and other details).

Applicant's Signature Karen Taylor Date: 9-3-15

For Office Use Only

Date Inspected by Town: 9-3-15 Culvert Required? Yes

Approved by: _____ Date: _____

Chairman

Fee: \$20.00

Make check payable to: TOWN OF WASHINGTON

All driveways/roads shall be constructed in accordance with all requirements printed in the Town Ordinance § 298-14(a,b) & § 298-13 and any special conditions stated therein.


The maintenance of the driveway(s) shall be the responsibility of the applicant.

POST ON PREMISE IN PLAIN VIEW FROM ROAD.

Zoom To

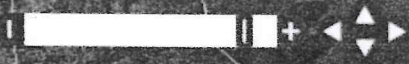
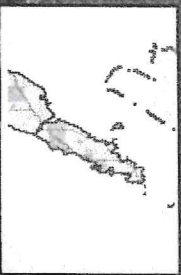
Aerial Photos

- ☐ None

 All Incomes Off

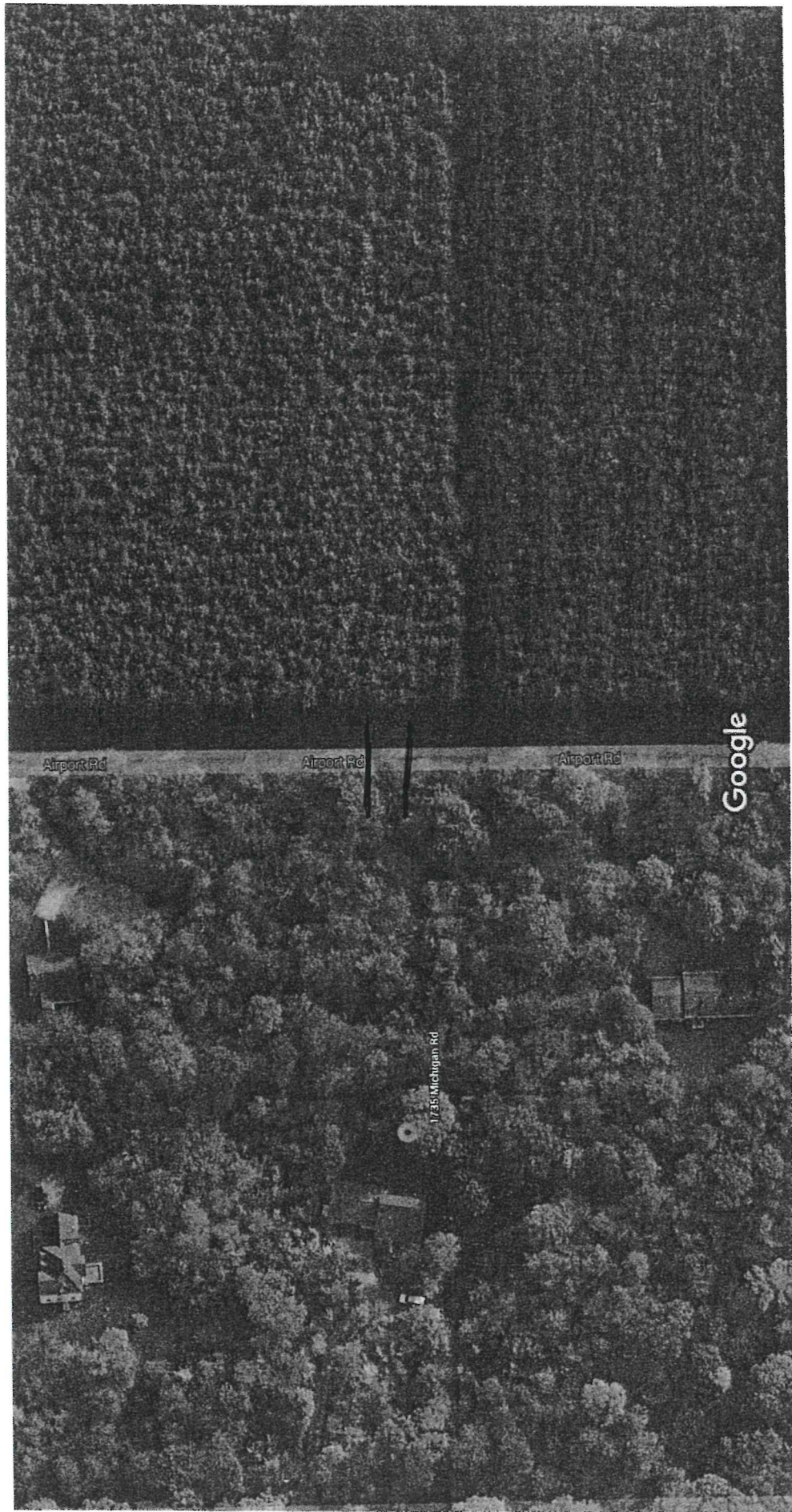
School Districts

Help



center lot approx

Google Maps 1735 Michigan Rd



Imagery ©2015 DigitalGlobe, Map data ©2015 Google 50 ft

center of lot
aprox.

you can see from airport Rd.
where the drive will go (Atv Trail)

**Town of Washington
Ordinance 2015-05**

**Ordinance to Establish Procedures and Criteria for Allowing Alternative Forms of Sworn
Testimony at Board of Review (BOR) Hearings**

Whereas, sec. 70.47(8), Wis. Stat. authorizes the Board of Review (BOR) to consider requests from a property owner or the property owner's representative to appear before the board under oath by telephone or to submit written statements under oath to the board of review;

Now, therefore, the Town of Washington Island does ordain the following:

1. PROCEDURE:

In order for a property owner or property owner's representative to submit a request to testify by phone or submit a sworn written statement, he or she must first comply with the following procedures: a) the legal requirement to provide notice of intent to appear at BOR must be satisfied; and b) an Objection Form for Real Property Assessment (PA-115A) must be completed and submitted to the BOR as required by law.

After the two requirements outlined above have been met, a Request to Testify by Telephone or Submit a Sworn Written Statement at Board of Review (Form PA-814) must be submitted to the town clerk. Such requests must be submitted in time to be considered by the board at the first meeting of the BOR.

2. CRITERIA TO BE CONSIDERED

The Board may consider any or all of the following factors when deciding whether to grant or deny the request:

- a. The requester's stated reason(s) for the request as indicated on the PA-814
- b. Fairness to the parties
- c. Ability of the requester to procure in person oral testimony and any due diligence exhibited by the requester in procuring such testimony
- d. Ability to cross examine the person providing the testimony
- e. The BOR's technical capacity to honor the request
- f. Any other factors that the board deems pertinent to deciding the request

3. EFFECTIVE DATE.

This ordinance shall be effective upon posting as provided by law.

Passed on the _____ day of _____, 20__

By the Town of Washington

Valerie Carpenter, Clerk/Treasurer

BUDGET RESOLUTION 2015-08

Town of Washington, Door County, Wisconsin

A resolution amending the 2015 budget of the Town of Washington, Door County, Wisconsin adopted by a two-thirds majority vote of the entire membership of the TOWN BOARD

Whereas the sum of \$223 to be deducted from the Community Center Building Account (#552000.140) and the sum \$223 be added to the Capital Outlay Account (#570554.010) to reflect Capital Outlay Project not budgeted for in 2015. (Tank replacement)

NOW THEREFORE, BE IT RESOLVED by the TOWN BOARD of the Town of Washington to amend the 2015 Budget to reflect the changes listed above.

Adopted: 9/15/2015 Approved: 9/15/2015

James F. Hanson, Town Chairman

Attest - Valerie Carpenter, Town Clerk

Roll Call Vote:	Aye	Nay
James F. Hanson	_____	_____
Elizabeth Holmes	_____	_____
Randall Sorensen	_____	_____
John Rader	_____	_____
Kirby Foss	_____	_____

ACTION TAKEN 2015-08

Adopted as presented	_____
Adopted as amended	_____
Rejected	_____
Tabled until	_____
Referred to	_____